

Upon the basis of the information given do you recommend sterilization or asexualization for this patient?

I recommend. . . . .

### AFFIDAVIT OF PHYSICIAN

. . . . . a registered physician of  
 . . . . . County, North Carolina,  
 being duly sworn says that he has had actual knowledge of the case of  
 . . . . . (patient or inmate, and says  
 further that the foregoing medical history of . . . . .  
 (patient or inmate) is true of his own knowledge, except as to those  
 matters therein stated upon information and belief, and as to those,  
 he believes it to be true.

. . . . . Physician

Sworn to before me, this. . . . day of. . . . ., 194. . .

(N.P.; J.P.; or Clerk of Superior  
 Court)

(Seal) My commission expires. . . . .

CERTIFICATE OF SECRETARY OF EUGENICS BOARD OF NORTH CAROLINA, THAT THE  
 COPY OF THE PETITION WHICH IS SERVED WITH THE NOTICE OF HEARING, IS A  
 TRUE AND CORRECT COPY OF THE ORIGINAL.

NORTH CAROLINA,	}	IN RE: STERILIZATION OR ASEXUALIZATION
	}	OF
. . . . . COUNTY.	}	. . . . .

I, . . . . ., Secretary of the Eugenics  
 Board of North Carolina, do hereby certify that the foregoing is a true  
 and correct copy of the Petition for Operation of Sterilization or  
 Asexualization instituted before the Eugenics Board of North Carolina,  
 by. . . . . Petitioner, on. . . . . 194. . .

SIGNED: . . . . .  
 Secretary of Eugenics Board of  
 North Carolina.

This. . . . day of. . . . . 194. . .